5085 **MARYLAND STATE DEPARTMENT OF HEALTH** 05048

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
   LENGTH OF STAY (in this place): 3 weeks
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 615 Clarke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Northampton
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem
   STREET ADDRESS (If rural, give location): 953 Broadway St.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) - (Last) BRITTENBURG

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 10 1875

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Dunbore

14. MOTHER'S MAIDEN NAME: Cristina Reiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No None

16. SOCIAL SECURITY NO.: 194-10-0148D

17. INFORMANT AND ADDRESS: L. S. Pearson, Bethlehem, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 1/2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Marked Arterio-sclerotic Cardio Vascular Renal Disease — 3 yrs.

(c) Diabetes Mellitus. — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1954, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Louis S. Llewelyn, M.D. Pocomoke City, Md. 5/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5-8-54 | NAME OF CEMETERY OR CREMATORY: Nesky Hill Cemetery | LOCATION (City, town, or county) (State): Bethlehem, Pa.

DATE REC'D BY LOCAL REG.: May 6, 1954 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR | ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05049

5086 **CERTIFICATE OF DEATH** Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42 — LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42
HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 Market St.	STREET ADDRESS (If rural give location) 811 Market St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) W. (Last) CROCKETT, Jr.

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 13, 1894	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Distributor	Auto Tires	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles W. Crockett, Sr.	Mary Ellen Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW 1	220-32-1004	Mrs. Lillian S. Crockett, Pocomoke Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis — Seconds

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis with marked Cardiac Hypertrophy — approx 4 years

DUE TO

(c) Arteriosclerosis, marked, Generalized — 4 yrs or more

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, Lt., partly involvement from. — 9 months

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to May 17, 1954, that I last saw the deceased alive on 6 May 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE Norman E. Sartorius (Degree or title) Jr — ADDRESS 912 Cedar St., Pocomoke, Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/19/54	Bethany Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 19, 1954	Anne E. White	Henry H. Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1954
BUREAU V. S.

05050

MARYLAND 5089

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OCEAN CITY
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OCEAN CITY
STREET ADDRESS (If rural, give location): BALTIMORE AVE

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) JAMES (Last) CROPPER

4. DATE OF DEATH (Month) MAY (Day) 22 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH: FEB. 28, 1882
9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS
11. BIRTHPLACE (State or foreign country): WILMINGTON DEL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS CROPPER
14. MOTHER'S MAIDEN NAME: SALLY HASTINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MR. G. BERT CROPPER, OCEAN CITY, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arteriosclerotic myocarditis — 5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 22 May, 1954, that I last saw the deceased alive on 22 May, 1954, and that death occurred at 7:20 P m., from the causes and on the date stated above.

SIGNATURE: N. R. Thomas (Degree or title) MD ADDRESS: Ocean City DATE SIGNED: 25 May 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 5/25/54
NAME OF CEMETERY OR CREMATORY: EVERGREEN
LOCATION (City, town, or county): BERLIN (State): MD

DATE REC'D BY LOCAL REG.: 5/25/54
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Anna A Burbage ADDRESS: Berlin Md

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05052

5087

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home +

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42
STREET ADDRESS (If rural give location) 705 Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Louise (Last) Ginn

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb. 10, 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Collins

14. MOTHER'S MAIDEN NAME: Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-16-8355

17. INFORMANT & ADDRESS: Lawrence Winn Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 171X

(A) Carcinoma Cervix

ANTECEDENT CAUSE (S)

DUE TO (B) with direct extension into bowel & bup

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 2 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19..., to 5/24/54, 19..., that I last saw the deceased alive on 5/23/54, 19..., and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE Paul Cohen M. D. ADDRESS Snow Hill Md DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF May 27, 1954

NAME OF CEMETERY OR CREMATORY Johnston Neck

LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR May 26, 1954

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church, Va.

RECEIVED
MAY 28 1954
BUREAU V. S.

05053

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5090

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City (Rural) LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (Pocomoke City Md
STREET ADDRESS (If rural give location) 2 miles of Pocomoke Snow Hill road

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Lloyd (Last) Ginn
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April (?) 1870
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Ginn
14. MOTHER'S MAIDEN NAME: Ursula Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Lauretta Ann Ginn Pocomoke RR Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

IMMEDIATE CAUSE (A) Arteriosclerosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

9160 (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Burns (legs)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (City or town) Rural Pocomoke (County) Worcester (State) Md
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 20 1954 (?) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR? Went to sleep to near hot stove

22. I hereby certify that I attended the deceased from Mch 28, 1954 to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE E. Sartorius M. D. ADDRESS Pocomoke City Md DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 5/23/54 NAME OF CEMETERY OR CREMATORY Georgetown cem LOCATION (City, town, or county) Pocomoke Md (State)

DATE REC'D BY LOCAL REGISTRAR May 23, 1954 REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar W. Harton ADDRESS New Church Va.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 26 1954
BUREAU V[illegible] S[illegible]

Item 18 Film G167 6-11-54 ams

05051

MARYLAND 5091

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHALEYVILLE
LENGTH OF STAY (In this place) 91 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WOR
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHALEYVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) LEE (Last) HOPKINS

4. DATE OF DEATH (Month) MAY (Day) 28 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH MAR. 17, 1863

9. AGE last birthday 91 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TEACHER

10b. KIND OF BUSINESS OR INDUSTRY MD PUBLIC SCHOOL

11. BIRTHPLACE (State or foreign country) WALEYVILLE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WOOLSEY B. HOPKINS

14. MOTHER'S MAIDEN NAME ELIZA ANNE DALE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT AND ADDRESS MR. FORD HOPKINS WHALEYVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis

Antecedent cause(s) (b) Chr. Nephritis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Fall in Feb. Fractured hip

Part II

INTERVAL BETWEEN ONSET AND DEATH: 3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to May 28, 1954, that I last saw the deceased alive on May 27, 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE Chas R Law (Degree or title) ADDRESS Berlin DATE SIGNED May 30-1954

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 5/30/54 NAME OF CEMETERY OR CREMATORY EVERGREEN LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REG. 5/30/54 REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Anna H. Burbage ADDRESS Berlin Md

RECEIVED
JUN 3 1954
BUREAU V[illegible]

05054

MARYLAND 5092

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #2 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) M. (Last) Mariner

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 16-1875
9. AGE last birthday: 78/5/6 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edwin A. Mariner
14. MOTHER'S MAIDEN NAME: Mary J. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Agnes M. Halloway, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular accident — 1 month

(c) Hypertensive Cardiovascular disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Totally Blind + Left Hemiplegia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1954 to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE: Joseph H. LaMar (Degree or title) MD — ADDRESS: Snow Hill — DATE SIGNED: 5-22-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 25/54 — NAME OF CEMETERY OR CREMATORY: Bates Methodist — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: May 23, 54 — REGISTRAR'S SIGNATURE: Elwyn E. Cooper — 24. FUNERAL DIRECTOR: Clay E. Timmins — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05055

5088

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) Market St.

3. NAME OF DECEASED: (Type or Print) (First) I. (Middle) BATES (Last) PILCHARD

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec 6, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira Thomas Pilchard
14. MOTHER'S MAIDEN NAME: Elizabeth J. Hancock

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ruth E. Pilchard, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INTESTINAL Obstruction → Starvation — Interval Between Onset And Death 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage c̄ left to total hemiplegia — 5 yrs
DUE TO (c) Generalized Arteriosclerosis, Severe — ? yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
(1) Recurring Chronic Prostatitis
(2) " " Cystitis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) Pocomoke (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1949, to 13 May, 1954, that I last saw the deceased alive on 11 May, 1954, and that death occurred at 6:01 A.M. from the causes and on the date stated above.

SIGNATURE N. E. Sartorius Jr. (Degree or title) M. D. ADDRESS Pocomoke, Md DATE SIGNED 15 May 54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/16/54
NAME OF CEMETERY OR CREMATORY Goodwill Methodist
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR May 15, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

05056

MARYLAND · 5093

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; HOSPITAL OR INSTITUTION OR STREET ADDRESS X; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) B. (Last) Stevens

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 31 1900

9. AGE last birthday: 54 Years; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Levi Bramble

14. MOTHER'S MAIDEN NAME: Meta Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mr John H. Stevens, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident — Interval Between Onset and Death: 13 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — less than 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 53, to May 22, 195X, that I last saw the deceased alive on May 22, 1954, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Cohen M.D. ADDRESS Snow Hill Md DATE SIGNED 5/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 24/54 — NAME OF CEMETERY OR CREMATORY: Episcopal — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REGISTRAR: May 23, 54 — REGISTRAR'S SIGNATURE: Elwyn E. Cooper

24. FUNERAL DIRECTOR: Clayton Dennis, Snow Hill, Md — ADDRESS

MARGIN RESERVED FOR BINDING

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MAY 25 1954
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05057

MARYLAND 5094

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Margaret (Last) Timmons

4. DATE OF DEATH (Month) May (Day) 5 (Year) 19 54

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 25 1881

9. AGE last birthday 72 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Berlin Md R.D

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Filmore Dennis

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Mrs. Ellen Townsend Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 hrs

Antecedent cause(s) (b) Chr Nephritis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 54, to May 5, 19 54, that I last saw the deceased alive on May 5, 19 54, and that death occurred at 2.30 P m., from the causes and on the date stated above.

SIGNATURE Chas. R. Parr (Degree or title) ADDRESS Berlin Md DATE SIGNED May 6 - 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/8/54	Riverside	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-8-54	Helen F Hayward	Anna A Burbage	Berlin Md

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MARYLAND — **STATE DEPARTMETT OF HEALTH**

5095

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Samuel (Last) Tubbs.

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13 1883 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason.

10b. KIND OF BUSINESS OR INDUSTRY: Own Store

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Tubbs

14. MOTHER'S MAIDEN NAME: Hettie Hudson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 220-32-0868.

17. INFORMANT AND ADDRESS: Frieda C Tubbs Bishopville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis, recent, recent — 10 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis & Coronary Heart Disease — 2 yrs

(c) Arteriosclerosis Generalized &

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia sec & Cerebral Hemorrhage — 1 yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 2:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roberts A. Grubbs M.D. — ADDRESS Berlin Md — DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 25, 1954 — NAME OF CEMETERY OR CREMATORY: Odd. — LOCATION (City, town, or county) (State): Bishopville, Md.

DATE REC'D BY LOCAL REG. 5/24/54 — REGISTRAR'S SIGNATURE: Hilda Ryan Bergey Asst. — 24. FUNERAL DIRECTOR — ADDRESS: Peter Whaley Selbyville Del

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MARYLAND 5096

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
MARYLAND
LENGTH OF STAY (In this place): 85 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) G. (Last) WARREN

4. DATE OF DEATH: (Month) MAY (Day) 5 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DOWY

8. DATE OF BIRTH: MAY 8, 1868

9. AGE Last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BERLIN MD (RURAL)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WESLEY GAULT

14. MOTHER'S MAIDEN NAME: SALLY MARY BAKER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: MRS. CLIFFORD SCHOTTE, BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334.X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 19 55 to 5-5-, 19 54, that I last saw the deceased alive on 5-5-, 19 54 and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford E. Schotte M.D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 5/7/54

NAME OF CEMETERY OR CREMATORY: EVERGREEN

LOCATION (City, town, or county) (State): BERLIN MD

DATE REC'D BY LOCAL REG.: 5-7-54

REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Emma A Burbage ADDRESS: Berlin Md

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